

WISCONSIN

Incumbent Worker Training Program

Grant Guidelines

The Incumbent Worker Training Program is funded by the Federal Workforce Investment Act (WIA) and administered by the Department of Workforce Development (DWD), Council on Workforce Investment (CWI), Workplace Training and Economic Development Committee (WTED).

PURPOSE:

These grants are intended to serve as incentives for business/industry to institute or continue programs, addressing the changing skill and education requirements of our workforce and workplace restructuring issues. These grants are to provide **needed** funding for projects that could not be implemented without it.

INCUMBENT WORKER DEFINITION:

For purposes specific to this grant an **Incumbent Worker is defined as “permanent full-time workers who have been employed at a firm for a number of years”**.

Program Guidelines

Applications for 2002/2003 are open to all Wisconsin organizations meeting the guidelines listed below.

APPLICANTS - ORGANIZATIONS ELIGIBLE TO APPLY FOR FUNDS: Section 1

All Wisconsin Private for-profit or non-profits or public sector organizations and Workforce Development Boards (WDB's) are eligible to apply using one of the funding options outlined below. When filing an application the applicant organization will be asked to select one of the three funding options as listed.

ORGANIZATIONS ELIGIBLE TO RECEIVE SERVICES: Section 2

Any Wisconsin private for-profit or non-profit organizations or public sector organizations. (May be different than the applicant organization, for example WDB's can apply for a grant but they cannot receive services.)

FUNDING OPTIONS: Section 3

- **Option 1 - Private for-profit, non-profit or public sector organization(s) applying is/are partnering with at least one WDB to submit a jointly developed proposal.** The partnering/applicant WDB will serve as grant fiscal agent and grant program/project administrator for all fiscal and participant reporting purposes and daily grant operations. If services are being provided across WDB's this needs a consultation with, and letter of support from (signed by WDB Chair or designee), all WDB's in which services are to be provided. WDB's are not eligible to receive services.
- **Option 2 - Workforce Development Board is the applying agency.** If services are being provided across WDB's this needs a consultation with, and letter of support from (signed by WDB Chair or designee), all WDB's in which services are to be provided. Applicant WDB will serve as grant fiscal agent and grant program/project administrator for all fiscal and participant reporting purposes and daily grant operations. WDB must define and include information on those organizations being served (Section 1, Organization(s) Receiving Services). WDB's are not eligible to receive services.
- **Option 3 - Private for-profit, non-profit or public sector organization(s) is/are applying.** This application needs a consultation with, and a letter of support from (signed by WDB Chair or designee), all WDB's in which services are to be provided. If the applicant organization has previous public fund administration experience, it may serve as both the grant fiscal and participant reporting agent and the grant program/project administrator for all fiscal, reporting and daily operations requirements. The organization must identify the public funds that it has previously administered. If the applicant organization has no previous experience in public fund administration, it must contract this out to a public agency such as a WDB, technical college or local government agency (e. g. W-2 agency, Job Service Center). It may still be the grant program/project administrator fulfilling all other coordination and reporting requirements and monitor daily grant operations or may contract this with the same groups noted above.

AMOUNT OF ASSISTANCE/GRANT REQUEST: Section 4

The amount of funding allowed is based on a percentage of the annual allocation for this program. The FY 2002/03 annual allocation is \$500,000.00. No one application may receive more than 7% of that allocation and no one consortium of three or more eligible applicants may receive more than 14% of that allocation. The Committee and DWD do have the discretion to increase the amount of a proposal beyond the annual percentage. Grant requests may be a lower amount than the annual percentage.

- An individual organization may apply for a maximum of \$35,000.00.
- A consortium of three or more eligible organizations may apply for a maximum of \$70,000.00.

TRAINING PROVIDER/SERVICES: Section 5

- Can be provided through Wisconsin's technical colleges, school districts, state universities or licensed and certified private institutions (when approved).
- Can be conducted at the organization's facility, at training provider's facility or a combination of sites
- Instructors can be either full or part-time educators or professional trainers from the organization

TRAINING PROGRAM BUDGET - REIMBURSEABLE TRAINING EXPENSES: Section 7

- Instructors'/trainers' salaries
- Tuition
- Textbooks directly related to training
- Expendable materials and supplies directly related to training (expendables = used up/not reusable)
- Software that is used 100% for training activities (maximum of 10% of grant award)
- Up to 5% of total grant for fiscal and participant reporting administration costs - internal or external*.
- Up to 5% of total grant for program/project administration costs – internal or external*.

*Organization must have experience in fiscal and project administration or contract out (see Funding Options Page 1). This is paid to the agency(s) managing each of these aspects of the grant. The total of these two cannot exceed 10% of the total grant award.

TRAINING PROGRAM BUDGET - NON-REIMBURSEABLE COSTS: Section 7 - continued

- Curriculum Development
- Trainee wages
- Travel expenses, meals, etc
- Purchase of capital equipment or other durable training materials/equipment (durable = long lasting/reusable)
- Purchase of any item or service that may possibly be used outside of the training project
- Any training currently being offered by the employer (e.g., ongoing training sessions)
- Any expenses incurred prior to grant review and actual award of grant

SERVICE PRIORITIES & PROGRAM OUTCOMES: Section 8

SERVICE PRIORITIES: ALL applications must demonstrate a job-related certification, licensing requirement, or attainment of industry-accepted occupational skill standards.

- **Organizations whose grant proposals represent a significant upgrade in employee skills** - job-specific skill retraining or skills upgrading that is required for wage progression or job advancement.
- **Organizations whose grant proposals represent a significant layoff avoidance strategy** – job specific retraining or skills upgrading related to work process or organizational restructuring, introduction of new technology, or other organizational strategies required to prevent dislocation or that will mitigate against future layoffs by making the company more competitive within the industry.
- **Organizations who represent an industry experiencing significant labor shortages** - training or retraining that responds to a shortage of skilled labor to meet job demands.

PERFORMANCE REQUIREMENTS:

- Projects shall be performance based with measurable performance outcomes. All applications **MUST** document skill/credential attainment.

- All applicant reports will be compared to data provided in Section 6 and 8 of the application for purposes of evaluation and future funding consideration.
- Final payment for grantees will be withheld until the final grantee reports are submitted and all performance criteria specified in the grant have been achieved.

DEADLINES:

- Applications are reviewed monthly. Applications received by the 15th of the month are reviewed at the next months meeting (e.g. completed applications received by May 15th are reviewed at the June meeting).
- Receipt of your proposal will be acknowledged in writing and will indicate a review date. If additional information is needed the letter will state the exact need and deadline for its receipt.

GENERAL INFORMATION:

- Applicants may apply for funding for up to three years for the same project
 - ⇒ Year 1 – 75% state funds and 25% employer match
 - ⇒ Year 2 – 50% state funds and 50% employer match
 - ⇒ Year 3 – 25% state funds and 75% employer match
- Organization must be willing to share project success for potential replication at other organizations
- The grant must be matched by cash or a combination of cash and in-kind contributions (trainee wages can ONLY be used as match if trainees are paid during their training time)
- In-kind contributions will be considered on a case-by-case basis considering all aspects of the application. Any in-kind considered MUST be directly related to the training proposed in the application. The following in-kind contributions directly related to the proposed training **may** be considered.
 - training texts and manuals •computer based training (CBT software) •equipment rental
 - facility rental •raw materials (manufacturing)
- There is no appeal process other than re-applying.
- Projects are reviewed by DWD/DWS staff, the Governor's Council on Workforce Investment Workplace Training & Economic Development Committee, with final approval by Department of Workforce Development.
- Written notification to applicant is forwarded approximately one week after review.
- Services and/or funding for training provided by this grant can not duplicate the services and/or funding for training being provided by another agency.
- The grant fiscal agent is the organization that will handle all fiscal and participant reporting requirements such as invoicing, performance measurements as outlined in the application, etc.
- The grant program/project administrator is the organization that will handle coordination of training, any other reporting requirements such as narrative or self-examinations and manage daily operations.

Application Instructions: IT IS RECOMMENDED THAT YOU SUBMIT YOUR APPLICATION AT LEAST 60 BUSINESS DAYS PRIOR TO THE START OF YOUR TRAINING.

DETACH these three pages of guidelines and complete the attached IWT Program Grant Application. Any information or documentation that cannot be supplied in the provided space should be identified and attached to the application form.

Submit one original and THREE copies of the signed completed application to:

**Sharon Berge, Director
Incumbent Worker Training Program, DWD
201 E. Washington Avenue, G100
Madison, WI 53702**

If you have any questions please contact **Sharon Berge**, Director, IWT Program Grant, DWD, 608-266-5138 or email: sharon.berge@dwd.state.wi.us or **Jodi Owens**, Economic Development & Financial Education Specialist at 608-264-8165 or email: jodi.owens@dwd.state.wi.us.

WISCONSIN

Incumbent Worker Training Program

Grant Application

YEAR 1 APPLICATION (75%/25% match)

YEAR 2 APPLICATION (50%/50% match)

SECTION 1. **APPLICANT** Organization Information *(May be different than organization receiving services.)*

Organization Name:

Authorized Rep:

Title:

Phone:

Ext:

Fax:

Email:

Website:

Street/Mailing:

City:

Zip:

County:

SECTION 2. Organization(s) **RECEIVING SERVICES** *(May be different than applicant; if same as applicant you must still complete the other relevant information required such as Date of Inception, Legal Structure, NAICS, etc.) If this is a consortium application please complete this information for all 3 (or more) eligible organizations applying on an attached sheet. The applicant organization can be different than those organizations receiving the services.*

Organization Name:

Authorized Rep:

Title:

Phone:

Ext:

Fax:

Email:

Website:

Street/Mailing:

City:

Zip:

County:

Date of Inception:

Years in Business:

of Full-Time Employees:

Organization is (circle): For Profit

NonProfit

Public Agency

Legal Structure (circle): Sole Proprietor

Partnership

Corporation- Designation:

Employer's Federal ID #:

Unemployment Comp ID #:

Wisconsin Sales Tax Reg. #:

NAICS Code:

(North American Industrial Classification System)

Organization Receiving Services Estimated 2001/2002 Training Budget: \$

Is your organization receiving or applying for other public training funds?

Yes

No

If yes, explain:

Type/description of your organization, product (s) and/or services(s):

If organization is minority owned select as appropriate.

☐ Female

☐ African/
American

☐ Hispanic/
American

☐ Asian/
American

☐ Native/
American

☐ Other:

Unionized	Yes	No	Family Owned	Yes	No	Exporter	Yes	No
State Designation: (if applicable)	Technology Zone:		Industry Cluster:		Rural (Pop):		Urban(City):	

SECTION 3. FUNDING OPTIONS. Applicant Organization must select and check one.

- ☐ **Option 1 – A WDB is the applicant organization jointly developing and submitting the application with a private for-profit, non-profit, or public agency.** WDB will serve as fiscal agent and program/project administrator for all fiscal and reporting purposes and daily grant operations. Application needs a letter of support signed by WDB Chair/designee, from all WDB's in which services are to be provided.

WDB:		Contact Person:	
Phone:	Ext:	Email:	
Fax:		Street/Mailing:	
City:	Zip:	County:	
Partnering Org:		Contact Person:	
Phone:	Ext:	Email:	
Fax:		Street/Mailing:	
City:	Zip:	County:	

- ☐ **Option 2 – A WDB is the applicant organization.** WDB will serve as fiscal agent and program/project administrator for all fiscal and reporting purposes and daily grant operations. Application needs a letter of support signed by WDB Chair/designee, from all WDB's in which services are to be provided.

WDB:		Contact Person:	
Phone:	Ext:	Email:	
Fax:		Street/Mailing:	
City:	Zip:	County:	

- ☐ **Option 3 – Applicant organization is a private for-profit, non-profit or public agency.** Applicant needs to request a consultation with, and a letter of support signed by WDB Chair/designee, from all WDB's in which services are to be provided.

Partnering Org:		Contact Person:	
Phone:	Ext:	Email:	
Fax:		Street/Mailing:	
City:	Zip:	County:	
WDB:		Contact Person:	
Phone:	Ext:	Email:	

- ☐ **We will be our own grant Fiscal Agent.** Yes No

Name:	Phone:	Email:
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- ☐ **We will contract the Fiscal Agent administration of our program.** Yes No

Name:	Phone:	Email:
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Organization:

Previous public grant funding experience with (program):
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<input type="checkbox"/> We will be our own grant program/project administrator.		Yes	No
Name:	Phone:	Email:	
<input type="checkbox"/> We will contract our grant program/project administration.		Yes	No
Name:	Phone:	Email:	
Organization:			
<input type="checkbox"/> Name of Local Workforce Development Board:			
WDB Contact:		Phone:	
Email:		Fax:	

SECTION 4. AMOUNT OF ASSISTANCE:

<input type="checkbox"/> Amount of Grant Request: \$			
Are there any other state or federal dollars funding this training?			Yes No
If yes, explain and include dollar amount:			
Are trainees paid their wages in full to attend training?	Yes	If not 100%, what %?	No

SECTION 5. TRAINING PROVIDER INFORMATION: (Check appropriate boxes.)

<input type="checkbox"/> We will use a public training organization.	<input type="checkbox"/> We will use an employee to train our employees.
<input type="checkbox"/> We will use a private training organization.	<input type="checkbox"/> Training will be delivered onsite.
<input type="checkbox"/> We will use a private instructor.	<input type="checkbox"/> Training will be delivered at educational institution.
<input type="checkbox"/> Training will be delivered at a remote location.	Specify location:
Name of Training Provider Organization:	
Contact:	Phone:
Email:	Fax:
Street/Mailing:	
City:	Zip: County:

SECTION 6. Training Project Information

If you use additional pages please identify by labeling the sheet(s) as Section 6 Training Project Information and the corresponding question number.

1. Why is the training needed and what impact will it have (update skills, labor shortage, improve productivity/profits, prevent layoff, certifications derived, etc.)?

2. How was the need for this training determined (e.g. needs assessment)?

3. Describe each type of training included in the proposed training program.

4. A brief narrative of the training (if any) currently being offered by your company.

5. Indicate how or if these funds will be used to supplement an existing training program.

6. Specify when training will take place and whether trainees will be paid for their attendance (during normal work hours, after hours, off days, weekends, other).
(Trainee wages can ONLY be used as match if trainees are paid during training time regardless of when training takes place.)

7. You MUST outline your training in the following format.

Name of Class	Start Date	End Date	# of Employees Attending	# of hours	Cost Per Person	Total Cost

8. Describe the reasons for choosing the specific training methods and providers.

SECTION 7. Training Program Budget

Please use this as a guide. You may include other items for consideration as required. Show all formulas used to calculate totals as indicated. BE SPECIFIC.

Note: Training funds cannot be used to reimburse any training costs occurring before the grant is approved. Please take this into account when developing your budget and timeline.

BUDGET CATEGORY	IWTPG ASSISTANCE REQUESTED	ORGANIZATION CONTRIBUTION	TOTAL
Instructor Wages/Tuition (Costs must be itemized for each type of training session as well as by actual instructor wages, administrative costs, development costs, etc. Apps with a lump sum shown will be returned.)			
Curriculum Development	XXXXXXXX		
Materials/Supplies (itemize) (expendable items only) Expendable=will be used up or not reusable Textbooks (itemize)			
Training Equipment Purchase (itemize)	XXXXXXXX		
Other Costs (describe/itemize)			
Eligible In-Kind	XXXXXXXX		
Travel	XXXXXXXX		
Trainee Wages (Can only be used as match if training is during work hours and employer is paying wages or wages are paid for training outside of work hours)	XXXXXXXX		
Sub Total			
Administrative Costs* Max of 5% for fiscal administration. Max of 5% for project management. Cannot exceed 10% of grant.			
Total			

SECTION 8. Service Priorities & Program Outcomes

Applications must fall into at least one of the three Service Priorities. Determine which (may be more than one) of the Service Priorities qualifies your application and respond appropriately to the Program Outcomes. ALL applications are required to complete the skill attainment/certification outcome. *Responses here will be used to evaluate the overall potential and effectiveness of your program and affect future funding considerations.*

☐ Priority 1: GRANT PROPOSAL REPRESENTS SIGNIFICANT UPGRADE IN EMPLOYEE SKILLS.

<input type="checkbox"/> Skill Attainment/Certification	# of Trainees	% of Workforce	Type of Certification: (completion certificate, license, industry-accepted skill standard, degree)		
<input type="checkbox"/> Wage Level	# of Trainees	% of Workforce	Increase From: \$	To: \$	% of Increase
			# of Management	# of Mid-Management	# of Labor

☐ Priority 2: GRANT PROPOSAL REPRESENTS A SIGNIFICANT LAYOFF STRATEGY.

<input type="checkbox"/> Skill Attainment/Certification	# of Trainees	% of Workforce	Type of Certification: (completion certificate, license, industry-accepted skill standard, degree)		
<input type="checkbox"/> Job Retention	# of Jobs	% of Workforce	# of Management	# of Mid-Management	# of Labor

☐ Priority 3: GRANT PROPOSAL REPRESENTS AN INDUSTRY EXPERIENCING SIGNIFICANT LABOR SHORTAGE.

<input type="checkbox"/> Skill Attainment/Certification	# of Trainees	% of Workforce	Type of Certification: (completion certificate, license, industry-accepted skill standard, degree)		
<input type="checkbox"/> Job Retention	# of Jobs	% of Workforce	# of Management	# of Mid-Management	# of Labor

SECTION 9. Authentication

As an authorized representative of the organization listed above, I hereby certify that the information listed above and attached to this application is true and accurate and I am aware that any false information or intended omissions may subject me to civil or criminal penalties for filing of false public records and/or forfeiture of any training award approved through this program.

Signature

Title

Print Name

Date

PLEASE ALLOW AT LEAST 60 BUSINESS DAYS FOR YOUR APPLICATION TO BE PROCESSED.

Mail original and 3 copies to:

Sharon Berge, Director
Incumbent Worker Training Program, DWD
201 E. Washington Avenue, G100
Madison, WI 53702

Questions or inquiries:

Email: sharon.berge@dwd.state.wi.us - Phone: 608-266-5138 or

Jodi Owens at Email: Jodi.Owens@dwd.state.wi.us - Phone 608-264-8165.